

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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21-14-19

19 JAN -9 P 2:25

2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Masatsugu, Jeffrey

LOBBYIST FIRM/EMPLOYER (if applicable)

JM Consulting LLC

TELEPHONE

(808) 554-3406

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 22534

FAX

EMAIL jmas808@gmail.com

(City) Honolulu

(State) HI

(Zip Code) 96823

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Carpet, Linoleum and Soft Tile Local Union 1926 Market Recovery Trust Fund

TELEPHONE

(808) 523-9411

MAILING ADDRESS (No. and Street or P.O. Box)

c/o Group Plan Administrators
222 S. Vineyard St., PH#4

FAX

EMAIL

(City) Honolulu

(State) HI

(Zip Code) 96813

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION


I hereby certify that the foregoing statements are true and correct.


LOBBYIST SIGNATURE

~~1/8/19~~ 1/9/19
DATE

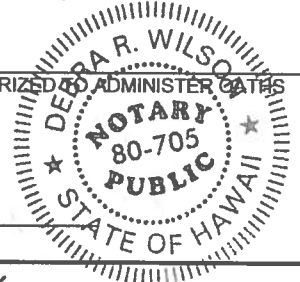
Subscribed and sworn to before me

This 9 day of January, 2019.

By: 

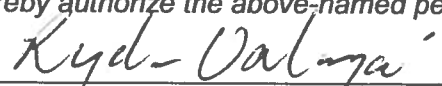
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
DEBRA R. WILSON
My commission expires:

04-25-2020



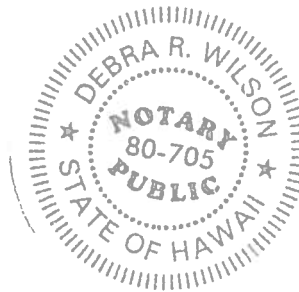
Notary Certificate on Back

PART V AUTHORIZATION TO LOBBY

NAME Ryden Valmoja		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Trustee	
NAME OF ORGANIZATION (if applicable) Carpet, Linoleum and Soft Tile Local Union 1926 Market Recovery Trust Fund		TELEPHONE (808) 523-9411	
MAILING ADDRESS (No. and Street or P.O. Box) c/o Group Plan Administrators 222 S. Vineyard St., PH#4		FAX	
(City) Honolulu		(State) HI	
(Zip Code) 96813		EMAIL	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		1/9/19 (Date)	

Doc. Date: 1-4-19 Pages: 2
Name: Debra R. Wilson First Circuit
Doc. Description: 2019 Registration -
lobbyist
Debra R. Wilson 1-4-19
Signature Date

NOTARY CERTIFICATION



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EMAIL jmas808@gmail.com

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(State) HI

(Zip Code) 96823

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Tapers Market Recovery Trust Fund

TELEPHONE

(808) 523-9411

MAILING ADDRESS (No. and Street or P.O. Box)

c/o Group Plan Administrators
222 S. Vineyard St., PH#4

FAX

EMAIL

(City) Honolulu

(State) HI

(Zip Code) 96813

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

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<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
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PART IV LOBBYIST CERTIFICATION

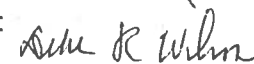
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LOBBYIST SIGNATURE

~~1/8/19~~ 1/9/19
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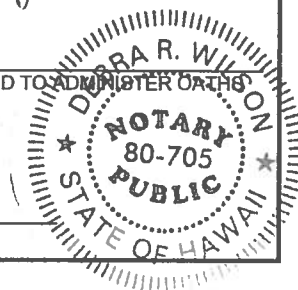
This 9 day of January, 2019.

By: 

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
DEBRA R. WILSON


My commission expires:

09-25-2020



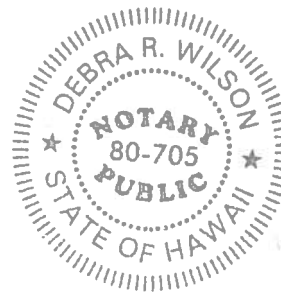
Notary Certificate on Back

PART V AUTHORIZATION TO LOBBY

NAME Ryden Valmoja		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Trustee	
NAME OF ORGANIZATION (if applicable) Hawaii Tapers Market Recovery Trust Fund		TELEPHONE (808) 523-9411	
MAILING ADDRESS (No. and Street or P.O. Box) c/o Group Plan Administrators 222 S. Vineyard St., PH#4		FAX	
		EMAIL	
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PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Glaziers, Architectural Metal Glassworkers Local Union 1889 AFL-CIO

TELEPHONE

(808) 523-9411

MAILING ADDRESS (No. and Street or P.O. Box)

c/o Group Plan Administrators
222 S. Vineyard St., PH#4

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☒ Not Applicable

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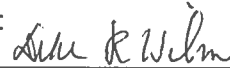
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This 9 day of January, 2019.

By: 


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DEBORA R. WILSON
My commission expires:

01-25-2020

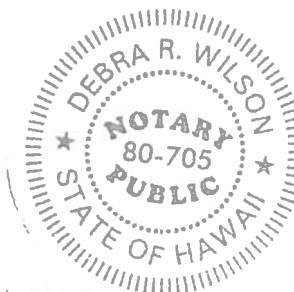
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**PART V AUTHORIZATION TO LOBBY**

NAME Ryden Valmoja		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Trustee	
NAME OF ORGANIZATION (if applicable) Hawaii Glaziers, Architectural Metal Glassworkers Local Union 1889 AFL-CIO Stabilization Trust Fund		TELEPHONE (808) 523-9411	
MAILING ADDRESS (No. and Street or P.O Box) c/o Group Plan Administrators 222 S. Vineyard St., PH#4		FAX	
		EMAIL	
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EMAIL jmas808@gmail.com

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(Zip Code) 96823

PART II.A ORGANIZATIONNAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)
Painting Industry of Hawaii Labor Management Cooperation Trust FundTELEPHONE
(808) 523-9411MAILING ADDRESS (No. and Street or P.O. Box)
c/o Group Plan Administrators
222 S. Vineyard St., PH#4

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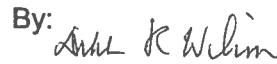
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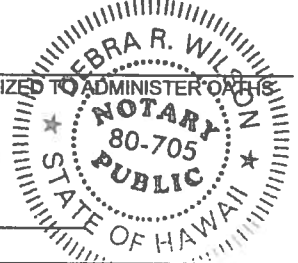
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This 9 day of January, 2019.

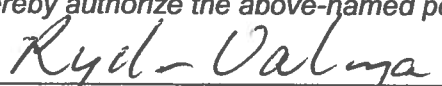
By: 

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
DEBRA R. WILSON
My commission expires: 04-25-2020



Notary Certificate on Back

PART V AUTHORIZATION TO LOBBY

NAME Ryden Valmoja		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Trustee	
NAME OF ORGANIZATION (if applicable) Painting Industry of Hawaii Labor Management Cooperation Trust Fund		TELEPHONE (808) 523-9411	
MAILING ADDRESS (No. and Street or P.O Box) c/o Group Plan Administrators 222 S. Vineyard St., PH#4		FAX	
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